



Administration Department, License Division
2660 Civic Center Drive, Roseville, MN 55113
(651) 792-7023

Massage Therapist License

[] New License [] Renewal For the License Year Ending June 30, _____

1. Full Legal Name (Please Print) _____
(Last) (First) (Middle)

2. Home Address _____
(Street) (City) (State) (Zip)

3. Telephone (_____)_____-_____ [] Cell [] Home [] Work

4. Date of Birth (mm/dd/yyyy)_____

5. Email Address_____

6. Driver's License Number_____

State of Issuance_____ *Please provide a copy of your Driver's License

7. Social Security Number_____ Minnesota Tax ID_____ Federal Tax ID_____

Notice: Pursuant to Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), the City of Roseville is required to provide to the Minnesota Commissioner of Revenue the Minnesota business tax identification of each applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

- 1. This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes:
2. Upon receiving this information, the City of Roseville will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service:
3. Failure to supply this information may jeopardize or delay the processing of your license issuance or renewal application.

8. Sex: Male [] Female []

9. Have you ever used or been known by any name other than the legal name given in number 1 above?

[] Yes [] No If Yes, List each full name along with dates and places where used.

10. **Name and address** of the licensed Massage Therapy Establishment at which you expect to be employed:

11. Have you held any previous massage therapist licenses in the past five years? If yes, in which city(s) were you licensed?

Yes _____ No

NOTE: Failure to disclose previous licenses will result in an automatic denial of your application.

12. If you answered Yes to number 11 above, were any previous massage therapist licenses revoked, suspended or not renewed? **If yes, explain in detail on the back of this page.**

Yes No N/A

NOTE: Failure to disclose previous revocations, suspensions, or non-renewals will result in an automatic denial of your application

Falsification of answers given or material submitted will result in denial of application.

The information that you are asked to provide on the application is classified by State law as either public, private or confidential. All data, with the exception of driver's license numbers and social security numbers, will constitute public record if and when the license is granted. Our intended use of the information is to perform the background check procedures required prior to license issuance. If you refuse to supply the information, the license application may not be processed.

CONSENT TO BACKGROUND CHECK

I hereby consent to and authorize the Roseville Police Department to use the information I have provided to check criminal histories, arrest and driving records, and warrant information; and for the Police Department to consider these records to determine my eligibility for a License. I understand that the information contained in the criminal background investigation is not public, except that it may be conveyed to other law enforcement or licensing agencies.

By signing below you certify that the above information is correct and authorize the City of Roseville Police Department to run your information for the required background checks.

Signature _____

Date _____

Please print this form and mail or hand-deliver along with payment and a certified copy of a diploma or certificate of graduation from a school of massage therapy including proof of a minimum of 600 hours in successfully completed course work as described in Roseville Ordinance 116, Massage Therapy Establishments.

Payment due at the time of application:	
Annual License Fee (prorated quarterly)	\$100
October-December	\$75
January-March	\$50
April-June	\$25

Make checks payable to: City of Roseville

Ordinance Notification for Business License Form

Under Minnesota state law, cities must provide a 10-day notice of proposed ordinances. The law applies to new proposed ordinances and proposed amendments to existing ordinances. A recent change in the law further requires cities that have an electronic notification system to inform prospective business license applicants that they can opt-in to receive these notifications. If you opt-in, you will receive notifications of all proposed ordinance changes regardless of whether or not they impact your business.

To receive email and/or text notification of proposed ordinances and proposed amendments to existing ordinances, visit the City's Notify Me page at <http://www.cityofroseville.com/List.aspx>. Sign in with a valid email address and click one or both of the notification icons next to Proposed Ordinances to begin receiving notifications.